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CONTENTS

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EDITORIAL

Challenges for undergraduate medical education in Africa.....

J Cookson.....1

ORIGINAL ARTICLES

Knowledge, attitudes and practices among pregnant women on intermittent presumptive therapy in Guruve District Zimbabwe.....

HT Mahaka, PL Chisango.....4

Directly Observed Treatment Short Course (DOTS) appears to have reduced the self-care role of the pulmonary tuberculosis patient: evidence from a Correlational study between Personal Health Beliefs and Self-Care Practices (SCP).....

HV Gundani, H Watyoka, C Nyathi, AP Charumbira.....7

REPORTS

A report on the Zimbabwe Antiretroviral Therapy (ART) programme progress towards achieving MDG6 Target 6B: Achievements and Challenges.....

T Apollo, K Takarinda, O Mugurungi, C Chakanyuka, T Simbini, AD Harries.....12

CASE REPORTS

Tubular ectasia of the rete testis associated with azoospermia: a case report.....

D Ndlovu, AP Danso.....14

Intra-abdominal gossypiboma: a report of two case and a review of literature.....

JAU Kpolugbo, M Abubakar.....17

NOTES AND NEWS

Instructions to Authors.....

Central African Journal of Medicine.....19

SUPPLEMENT

Fifth African Radiation Oncology Group Conference (AFROG) Abstracts.....

.....S1-S30

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University Of Zimbabwe

CASE REPORTS

Tubular ectasia of the rete testis associated with azoospermia: A case report

***D NDLOVU, **AP DANSO**

Introduction

Tubular ectasia of the rete testis (TERT) is a rare benign condition of the testis due to dilatation of the tubules of the rete testis. It must be differentiated from neoplastic disease of the testis clinically by patient's age, mode of presentation, tumour marker status and characteristic Ultrasound and Colour Doppler findings.¹ Awareness and diagnosis of TERT should prevent unnecessary surgical intervention such as orchidectomy or biopsy. We report a case of severe bilateral tubular ectasia of the rete testis associated with azoospermia and review the relevant literature. This association has not been reported before in the literature to the best of our knowledge.

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Case Report: A 46 year old Caucasian man was being investigated for infertility. He was married for one year and his wife failed to conceive. There was no significant past medical or surgical history.

Physical examination showed normal external genitalia apart from a palpable cyst in the head of the epididymis of the left testis. There was no palpable varicocele on either side.

Ultrasound examination was performed using a 8,4 MHz Multifrequency Linear Transducer (Toshiba Xario Prime Ultrasound Scanner) and showed extensive bilateral dilated tubular structures in the regions of the rete testes. There was no alteration in the vascularity of the tubular structures to suggest a tumour or an intratesticular varicocele. These findings are consistent with extensive bilateral tubular ectasia of the rete testis. There was also a cyst of the head of the left epididymis 16mm in diameter. In addition there were a few cysts closely related to these tubular structures on both sides. On the right side the two cysts measured 9mm and 4mm in diameter respectively. On the left side there were also two similar cysts measuring 10mm and 4mm in diameter respectively. The four cysts were thought to be spermatocoeles associated with tubular ectasia of the rete testis. Doppler interrogation with the patient performing a Valsalva manoeuvre showed a varicocele of the left testis. There was no varicocele on the right side. Serum tumour markers were not elevated.

The patient had seminalysis which showed azoospermia. In spite of a three month course of testosterone, there was no change.

Figure I: 16mm diameter cyst of left epididymis.

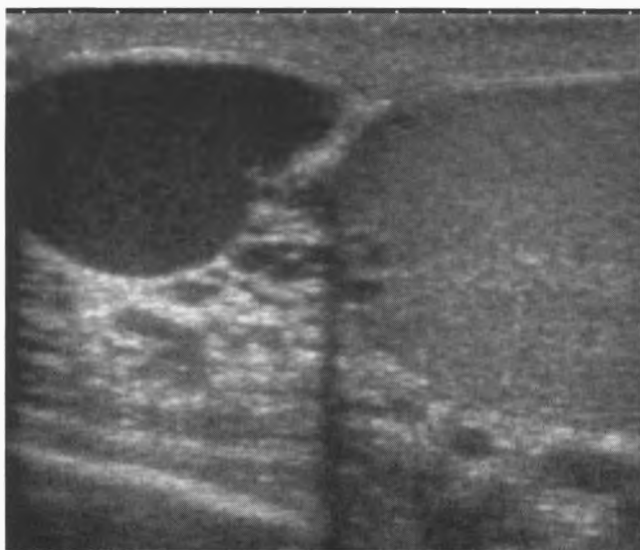


Figure II: Left testis showing TERT and part of a varicocele posteriorly.

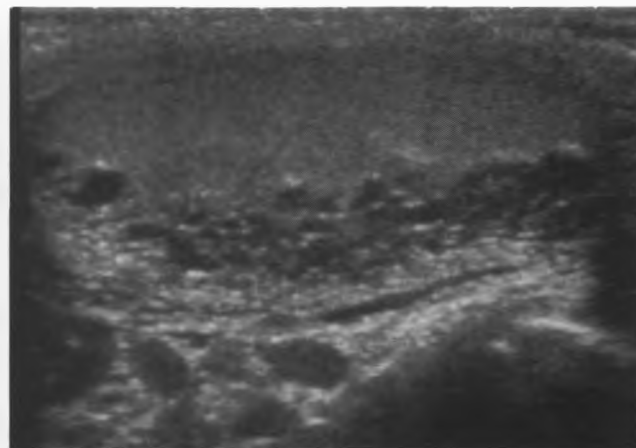


Figure III: Right testis-TERT and spermatocoeles 9mm and 4mm diameter.

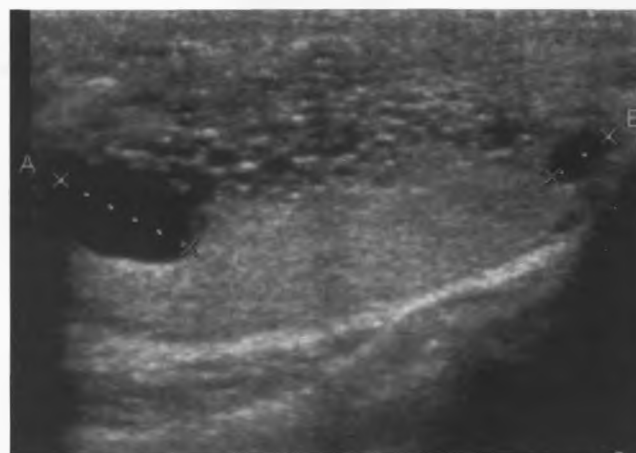
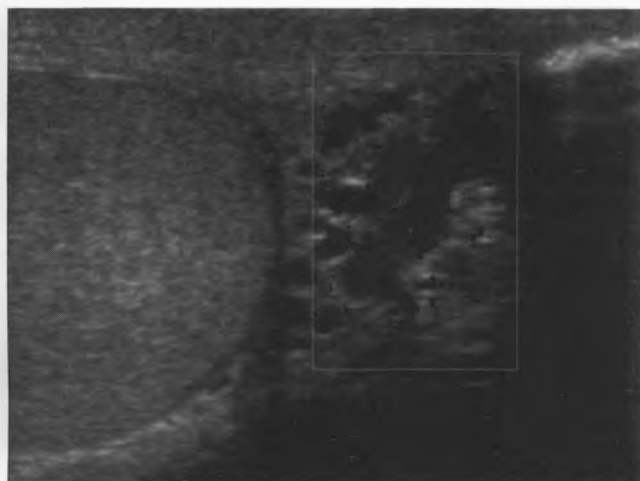


Figure IV: Right testis-TERT with 9mm spermatocoele.



Figure V: Varicocoele of left testis with Valsalva manoeuvre.



Discussion

Tubular Ectasia of the Rete Testis is a rare benign condition in which there is dilatation of the seminiferous tubules of the rete testis. The rete testis is a complex anastomosis of the tubules in the mediastinum testis. It must be differentiated from neoplastic disease of the testis clinically by patient's age, mode of presentation, tumour marker status and characteristic Ultrasound and Colour Doppler findings.¹ Benign intratesticular lesions are rare.² Coexisting epididymal abnormalities, usually consisting of epididymal cysts have been noted in 85 per cent of cases, leading to the theory that the condition is secondary to obstruction of the epididymis.^{1,2} Other frequently associated findings include spermatoceles, cord cysts and varicocoeles.³ The importance of diagnosing TERT lies in distinguishing it from malignancy, and therefore avoiding unnecessary surgical intervention. TERT is often unilateral but may be bilateral in a third of the cases.^{1,3,4,5}

On Ultrasound examination it superficially looks like a testicular neoplasm.⁶ Our patient had bilateral extensive disease. This condition has characteristic Ultrasound and Doppler features which are dilated tubular structures in the mediastinum testis, often with associated cysts. Our patient had two cysts associated with the tubular ectasia on either side. Doppler interrogation showed normal vascularity in the affected areas. There was however also a varicocoele of the left testis well shown with the patient performing a Valsalva manoeuvre. There was no varicocoele on the right side. This is particularly important to note because our patient was being investigated for infertility and left sided varicocoeles are not associated with infertility. Right sided varicocoeles are associated with infertility. In addition our patient had a 16mm diameter cyst of the head of the epididymis on the left side. The association of TERT with spermatoceles,

varicocoeles and epididymal cysts is well recognised.^{2,3}

The association of Tubular Ectasia of the Rete Testis with azoospermia has not been described in literature before. Tubular ectasia could cause obstruction to the flow of sperm from the seminiferous tubules to the epididymis. The obstruction also accounts for the cysts that are associated with this condition. In our case the azoospermia is probably related to obstruction because the condition is bilateral and extensive.

In a series of nineteen patients published by Ortega Herrera et al, the mean age at presentation was 59 years. It is noteworthy that our patient was 46 years old which is significantly lower than the average age at presentation.³

This case is presented to highlight the Ultrasound and Doppler features of a rare benign condition of the testis that can be mistaken for malignancy in order to avoid unnecessary surgical intervention as well as report a previously unreported association with azoospermia.

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